



FAIRFAX COUNTY

DEPARTMENT OF FAMILY SERVICES
Office for Children School Age Child Care
12011 Government Center Pkwy. – Suite 936
Fairfax, VA 22035 703-449-8989
FAX 703-653-1304
www.fairfaxcounty.gov/ofc

EMPLOYMENT VERIFICATION

Fairfax County provides child care assistance to low and moderate-income families. To be eligible for this program, working parents must document hours of work and income. Please complete all information requested below.

Section I: Employee to complete

Employee's Name: _____ SACC Account #: _____

Employee's Address: _____
(street) (city/state) (zip code)

Employee's Home Phone: _____ Cell Phone: _____

I authorize my employer to release information regarding my employment, salary and schedule.

Employee's Signature

Date

Section II: Manager/Supervisor/Employer to complete:

1. _____ works for me _____ hours per week.
2. This employee's rate of pay is: _____ per ☐ hour ☐ day ☐ week ☐ month
☐ bi-weekly (26 times/year) ☐ bi-monthly (24 times/year)
3. This employee ☐ **does** ☐ **does not** receive pay stubs (check one). Pay stubs must be submitted along with this form.

Work Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours (Example: 8-5)							

4. Employee's Start Date: _____
5. Manager/Supervisor's Name/Title (please print): _____
6. Company or Organization Name: _____
7. Company Address: _____
8. Employer's Phone Number: _____

I certify that this income information is a true and accurate statement of the financial status of my employee.

Manager/Supervisor's Signature

Date



A Fairfax County, VA
Publication



Reasonable accommodations made upon
request; call 703-449-1414 or TYY 711.



Fairfax County Department of
Family Services

Printed June 2013

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